

9024

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AFFIDAVIT ATTACHED

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Pima State ARIZONA State File No. 959
 Township _____ Registered No. 63
 City Tucson or Village _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. of foreign birth? 10 yrs. 0 mos. 0 ds.
 2. FULL NAME Braig F. Thomas How long in State when death occurred? 10 yrs. 0 mos. 0 ds.
 (a) Residence: No. 516 N. Granada St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married
 6a. If married, widowed, or divorced HUSBAND of Ila Thomas (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) May 10 - 1919
 7. AGE Years 20 Months 8 Days 19 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Mesa (State or Country) Ariz.

13. NAME William A. Thomas

14. BIRTHPLACE (city or town) Leeds (State or Country) Utah

15. MAIDEN NAME Rose J. Brewer

16. BIRTHPLACE (city or town) Virginia (State or Country) Utah

17. INFORMANT W. A. Thomas (Address) Tucson Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Date 1/30/40

19. EMBALMER License No. 234 Signature J. M. Conacho, Jr.

FUNERAL DIRECTOR W. A. Thomas

Address Tucson Ariz.

20. Filed 1-30, 1940 James H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1940, to Jan 29, 1940.

I last saw him alive on Jan 28, 1940; death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of skull Date of Onset 1-28-40

Other contributory causes of importance: Fracture of left ulna & radius 1-28-40
(Motor-vehicle accident) 1-28-40

Name of operation 1 Date of 1

What test confirmed diagnosis? PS Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, accident, or homicide yes Date of injury 1-28-1940

Where did injury occur? Casa Grande, Arizona, public place (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Motor-vehicle accident

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joy E. Owen M. D.

(Address) Tucson, Arizona

Back of Certificate to be used for any Additional Information